

South Carolina Department of Social Services  
Food Stamp Program  
**CHANGE REPORT FORM FOR SIX-MONTH REPORTS**

Case Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ Worker's Name: \_\_\_\_\_

**Your household is only required to report changes every six months**

- On your mailed recertification (MR) form or
- At your face to face interview

**UNLESS** your household's total monthly gross income exceeds 130% of poverty. Your gross income means all of the money your household receives including wages before taxes or other deductions, social security, SSI, cash contributions, unemployment compensation, child support, worker's compensation, etc.

If your household's gross income exceeds 130% of poverty, you must report this change within 10 days of the month after the month the change occurred to your food stamp worker.

The chart below shows the 130% poverty limits per household size. If your monthly gross income is greater than the amount for your household size, you must report this change within the first 10 days of the month after the month the change occurred. Failure to do so will result in an overpayment of food stamp benefits which you will have to repay to DSS.

If your household size is:	You must report a change if your gross household income is greater than:
1	\$ 1,062.00
2	\$ 1,430.00
3	\$ 1,799.00
4	\$ 2,167.00
5	\$ 2,535.00
6	\$ 2,904.00
7	\$ 3,272.00
8	\$ 3,640.00
9	\$ 4,009.00
10	\$ 4,378.00
11	\$ 4,747.00
12	\$ 5,116.00
13	\$ 5,485.00
14	\$ 5,854.00
15	\$ 6,223.00

**To report a change, you may:**

A. Complete the back of this form and return to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR

B. Call: \_\_\_\_\_

Changes can be reported to our local DSS Office by mail, telephone, in person or by someone authorized to represent the household.

**WARNING**  
**PENALTY FOR NOT REPORTING CHANGES**

**Under state and federal laws, any person found guilty of making false statements to obtain food stamps or not reporting required changes, can be kept off the program, for 12 months to permanently, be fined up to \$250,000, imprisoned or all three.**

1. If your household's gross monthly income is over 130% of poverty, list the monthly income by each type received:

Type of Money	Who gets it?	How much each month?	Is this new income to your household?	When did it start?

Total gross monthly income based on chart above: \$ \_\_\_\_\_.

2. Do you expect the changes you have reported will remain the same next month?

☐ Yes ☐ No If you answer no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Food Stamp Fraud Penalties:

When a household receives Food Stamp benefits, it must obey certain rules. The rules to be followed are:

**Do not** give false, incorrect or incomplete information.

**Do not** trade, sell or alter Food Stamp coupons or Electronic Benefit (EBT) cards.

**Do not** use other people's Food Stamp coupons or EBT cards.

**Do not** buy ineligible items such as alcoholic beverages or tobacco with Food Stamp benefits.

Any member of your household who breaks any of these rules on purpose may not be able to get Food Stamp benefits for a period of six months to permanently and may be fined up to \$250,000 or imprisoned up to 20 years or both for violations of \$5000 or greater and would be subject to prosecution under other applicable federal and state laws. A court can also bar an individual for an additional 18 months from the program. If you receive Food Stamp benefits, any or all of your statements, written or oral, are subject to investigation. Your Food Stamp benefits may be terminated if you fail to cooperate in the investigations.

#### Penalties for buying or selling firearms, ammunition, explosives or illegal drugs for Food Stamps:

A member of your household found guilty of buying or selling firearms, ammunition or explosives for food stamps will never be able to get food stamps again. Any member of your household who is found guilty of buying or selling illegal drugs for food stamps will not be able to get food stamps for 12 months for the first offense and permanently for the second offense.

#### Social Security Number:

Public Law 97-88 governing the Food Stamp (FS) Program requires that a Social Security number (SSN) must be provided for each household member. We will use the SSNs to check the identity of household members, to prevent duplicate participation and to help us make mass changes. We will also use the SSNs to check information you give us against information we have in our records and against other federal, state and local government agency computer matching systems. This means that we may contact employers, banks or other parties, as needed.

#### Signature:

I understand the penalty for hiding or giving false information. I also understand I will have to pay back any extra food stamp benefits I got because I did not report changes in my household. I agree to provide proof of any changes I report if asked.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**WE WILL USE YOUR ANSWERS ON THIS FORM TO SEE IF YOUR HOUSEHOLD'S BENEFITS WILL STOP OR CHANGE. IF YOU DO NOT AGREE WITH OUR DECISION, YOU MAY HAVE A FAIR HEARING WHICH WILL DECIDE IF YOU ARE RIGHT.**